

**Early Childhood Iowa
Quality Services and Programs
Policy Brief**

We agree among Iowa parents, providers, policymakers, researchers that:	We know research findings show that:	We need child care policies that:
1. Iowa's employed parents need access to affordable, high quality early care and education.	According to the (2005) Iowa Child and Family Household Health Survey, almost two-thirds (61%) of children in Iowa ages 0-5 spent at least some time in child care in the week prior to the survey.	1. Support collaborations between schools and high quality child care providers to meet parents' and children's needs.
2. Iowa's early care and education system needs to provide families with nurturing, safe, healthy care.	<p>Iowa parent surveys (2005) found that parents change providers most often due to the "caring nature" of the provider.</p> <p>Most registered Iowa providers are never inspected. Only 20% of registered child development homes are inspected each year. Many of these inspections are a result of complaints, and are completed by Child Care Resource and Referral consultants, not DHS regulatory staff.</p> <p>In the Midwest Child Care Study (Raikes et al., 2003), observations showed that the area of health and safety was the lowest quality of care for family child care providers.</p>	2. Training and monitoring expenditures need to be balance for the child development home structure.
3. Iowa's children need to be cared for in high quality early care and education settings.	According to the Midwest Child Care Study (Raikes et al., 2003), Iowa's care is generally mediocre to poor.	3. Regulatory field staff need to be specifically designated for child care, ensuring compliance inspections are completed prior to opening a child care facility.
4. High turnover rates in early care and education programs are costly for Iowa parents, employers, trainers, and regulators and affect the children in care	Parent survey (Larson, Artz, Hegland, Kuku, & Otto, 2006): 32.6% reported that they looked for new child care in past 24 months. Of these parents, 71% reported that they were seeking to replace an existing provider, many due to caregiver turnover.	4. Balance incentives to keep high quality providers with monitoring and regulations, including minimum required licensing fees, to ensure caregivers with minimum levels of skills needed for safe, healthy care; perhaps also reducing turnover.

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<p>5. Parents choose care on what they can see. A monitoring structure provides a safe set of choices for the care parents cannot see</p>	<p>In the Midwest Child Care Study (Raikes et al., 2003), observations of family child care quality showed that the highest scores were in the area of interactions between providers and children, which parents can see daily. However, lowest scores were in the areas of health and learning activities, which mostly occur when parents are not present.</p>	<p>5. Ensure that all child care facilities receive pre-registration and annual on-site monitoring to ensure compliance with regulations for safety and health.</p>
<p>6. Iowa's registration for child development providers is confusing and frustrating to parents and providers, and provides lower quality care.</p> <ul style="list-style-type: none"> • registration (no regular monitoring) • licensing (regular on-site monitoring) 	<p>The Midwest Study of Child Care (Raikes et al., 2003) found that Iowa was the only one of the four states with no licensing system for family child care. In a survey of family child care providers (Larson, Hegland, & Jeon, 2002), providers reported:</p> <p>"It [registration] doesn't mean anything. I was registered for 4 years and did not get inspected once. I sent for and got my registration through the mail."</p> <p>Parents using family child care (Larson, Artz, Hegland, Kuku, & Otto, 2006) reported that:</p> <p>"Just because you have a license [sic] does not always mean you are a good provider. It's just a piece of paper."</p>	<p>6. Explore replacing registration with mandatory licensing, including pre-registration and annual on-site monitoring, for all child care facilities.</p>

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<p>7. Basic orientation and mandatory training on safe, healthy care for Iowa providers before they open their child care facility would</p> <ul style="list-style-type: none"> • reduce turnover, • increase options for families, • reduce costs for training, and • help potential family child care providers make informed career choices. 	<p>The Midwest Study of Child Care (Raikes et al., 2003) showed that the quality of family child care in Iowa was significantly worse than the quality of care in Kansas, Missouri, and Nebraska. In addition, Iowa family child care providers had completed less training and earned less income than providers in the other three states.</p> <p>Several researchers have shown that the intentionality of the child care provider (“child care is my profession or career”) predicts the quality of child care observed (Doherty et al. 2006; Raikes, et al., 2003).</p> <p>In a survey of family child care provider (Larson, Hegland, & Jeon, 2002), providers reported: “I would really like to see the state enforce the child care laws. An unregistered person in town cares for 10-12 children under the age of two. There were 22 children outside one day I went by. Also undercuts rates as long as parents don’t claim on taxes.”</p>	<p>7. Enhance on-site technical assistance visit for child development homes with a more cost effective strategy of required orientation workshop, and explore minimal required licensing fees to offset costs; ie: expanded criminal background checks and fingerprinting. Explore the development of civil penalties to increase compliance and reduce actions taken by DHS.</p>
<p>8. The Quality Rating System provides a framework for quality improvements to support children’s physical, cognitive, and social development in safe, healthy child care environments.</p>	<p>568 homes participating in the five-level Quality Rating System; the majority of providers are at level 2, which is one step above registration requirements.</p>	<p>8. Maintain the Quality Rating System and continue to provide supports for training and incentives. Continue to explore tiered Child Care Assistance reimbursement for child care programs participating in QRS.</p>

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<p>9. Unregistered family child care homes remain unknown to community emergency response teams and public health officials.</p>	<p>Unregistered family child care providers remain unknown to disaster and emergency response teams. In cases where there have been community related environmental emergencies (hazardous chemical spills, industrial fires), unregistered family child care homes have been excluded from the emergency response.</p> <p>Unregistered family child care homes are unknown to state and local public health officials. Because the businesses are unknown, they do not receive communications or information regarding</p> <ul style="list-style-type: none"> • communicable disease outbreaks, • recalled or hazardous products, • child immunization needs, and • providers of and resources for child health and oral health care. <p>Because the businesses remain unknown, they do not receive public health services or monitoring for</p> <ul style="list-style-type: none"> • health and safety assessments, • child immunization assessment, • water quality, • private sewer or septic systems, and • childhood lead poisoning prevention services. 	<p>9. Ensure a database is maintained of all child care facilities for the purpose of public health and community emergency notification.</p>

References

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